Schooling That Never Ends

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Despite much discussion and many attempts, linking undergraduate learning and continuing professional development (CPD) in medicine has not been easy. This concept of a continuum through the physician's professional "life cycle" is not new, but seems difficult to operationalize. Dr. Marianne Xhignesse, in the July 2003 editorial of *The Canadian Journal of CME*, asked the question, "Am I a good lifelong learner?" and outlined characteristics of good lifelong learners. This editorial made me think about what some of the problems are, and the various ways we can try to integrate our undergraduate and postgraduate teaching with CPD.

When we look at our own practices, do we still read the same type of journal that we did as medical students? Do we get as much out of the same type of presentation we enjoyed in medical school? Where were computers and "evidence-based medicine" up until the late '80s? Our needs have evolved.

As a former rural community physician, corridor consults, hospital coffee room chats, and the opportunity (read time and exposure) for discussions with colleagues were important forums for learning on a regular basis. Larger health-care institutions that "segregate" specialities and increasing pressures on work and personal time all effect this valuable forum. We continue to value our time away at an educational event to reflect and make social and informal professional contacts, but fitting this into our daily schedules has become more difficult.

In order to foster CPD while in practice, skills must be learned in the undergraduate curriculum, carried through in the postgraduate training programs, and new ones learned, or old ones reinforced, after graduation. These skills include new

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knowledge, time management, professionalism, critical appraisal skills (especially computer and library skills made mandatory to deal with our present "information overload" and online programs that our students are exposed to in undergraduate training). These skills need to be an option for CPD on graduation. Point of care information via personal digital assistants (asking clinical questions with a program that makes a search automatically when hot synched, or through a wireless system) need to be given exposure in all levels of medical education. Trainees know the technical aspects much better than preceptors, but do we know how best to use this technology and the information it brings? Now, more than ever, we need to learn how to learn effectively. As well, both audit and forms of peer assessment (used as parts of peer assessment programs) that are used in "real practice" need a wider exposure in undergraduate, but particularly postgraduate, programs, as their incorporation is at best spotty across our medical training.

The College of Family Physicians of Canada Mainpro and Royal College of Physicians and Surgeons of Canada Maincert programs have been developed and evolved into multi-faceted systems that allow an individual multiple means and methods to obtain Continuing Medical Education (CME) credits. The idea is to facilitate individual learning styles and multiple methods of access for CME. This idea is commendable, but we should encourage greater use of these methods in our training programs, such as the personal learning projects (PLPs) of the Royal College, and the increasing use of the Problem Based Learning Program (PBLP) modules in family medicine programs. Perhaps PBLP with small groups is the physician's "coffee room" of the present and future, particularly in urban centres. One suggestion would be that all resident PBLP groups should have a community physician (not faculty) as a member to help bridge the gap from postgraduate to CPD.

We need to increase the contacts at all levels in our medical schools so that assistant deans, administrators, planners, and workers in the undergraduate, postgraduate, and CPD realms communicate, interact, share resources, and plan future strategies to integrate medical school curriculums and "lifelong learning."

We have incorporated this concept into our mission statements, but are we practising what we preach?

This task will not be an easy one, and, in areas where we have been successful, we should continue our push in medical schools and in the community. In other areas, we should seek different approaches to continue our integration of "learning how to learn" and being comfortable with knowing what new knowledge is important to have and what uncertainties we can live with as individual physicians in varying specialities.

If we are able to achieve further integration of our undergraduate/postgraduate curricula with CPD, our medical schools, students, practising physicians and patients will all benefit. Medical school really never ends. CME